



**System Requirements Specification**

**Hospital Compare Downloadable Database**

**Data Dictionary**

**Centers for Medicare & Medicaid Services**

**<https://data.medicare.gov/data/hospital-compare>**

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## Document Purpose

The purpose of this document is to identify the requirements for maintenance and support of the Hospital Compare Downloadable Databases, which can be found by clicking the following link: <https://data.medicare.gov>.

## Background

Hospital Compare was created as a result of the Hospital Quality Initiative through the efforts of the Centers for Medicare and Medicaid Services (CMS) and the Hospital Quality Alliance (HQA). The HQA was a public-private collaboration established in December 2002 to promote data collection and public reporting on hospital quality of care. The HQA consisted of organizations that represented consumers, payers, hospitals, clinicians, accrediting organizations, federal agencies, and other stakeholders. The HQA effort was intended to help consumers make informed health care decisions and to support efforts to improve quality in U.S. hospitals. The HQA disbanded in December 2011, and CMS currently maintains the Hospital Compare Web site.

Hospital Compare is a tool that provides valid, credible, and user-friendly information about the quality of care delivered in the nation's acute care, critical access, VA, and Children's hospitals. This information can help consumers make informed decisions about health care. Hospital Compare allows consumers to select multiple hospitals and directly compare performance measure information related to acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), surgery, and other conditions. See [Appendix A](#) for a full list of the Hospital Compare measures. These results are organized by:

- Patient Survey Results (HCAHPS)
- Timely and Effective Care (Process of Care) measures
- Readmissions, Complications, and Deaths
- Use of Medical Imaging
- Medicare Payment
- Number of Medicare Patients Treated
- Linking Quality to Payment
  - Hospital Readmissions Reduction
  - Hospital Value-Based Purchasing

To access the Hospital Compare Web site, please visit: [www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare).

## Hospital Compare Measures Description/Background and Reporting Cycles

Data is collected in differing timeframes from the various quality measurement contractors. Below is a brief description of the collection process and report timing for each measure set.

Name	Structural Measures
Description/ Background	A Structural measure reflects the environment in which providers care for patients. Examples of Structural measures can be inpatient (participation in general surgery registry) or outpatient (tracking clinical results between visits). Hospitals submit Structural measure data using an online data entry tool made available to hospitals and their vendors.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Timely and Effective Care
Description/ Background	The measures of Timely and Effective Care measure the percentage of hospital patients who receive treatments known to get the best results for certain common, serious medical conditions or surgical procedures, and how quickly hospitals treat patients who come to the hospital with certain medical emergencies. The measures only apply to patients for whom the recommended treatment would be appropriate. The measures of Timely and Effective Care apply to adults and children treated at hospitals paid under the Inpatient Prospective Payment System (IPPS) or the Outpatient Prospective Payment System (OPPS) or those that voluntarily report data on measures for whom the recommended treatments would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare patients.
Reporting Cycle	Collection period: generally 12 months. Refreshed quarterly, based on a rolling four quarters.

Name	30-Day Mortality and Readmission Measures
Description/ Background	The risk-standardized AMI, HF, and PN 30-Day Mortality and Readmission measures were developed by a team of clinical and statistical experts from Yale and Harvard universities, using a methodology that has been published in peer reviewed literature. The 30-Day Mortality and Readmission measures for AMI, HF, and PN are produced from Medicare claims and enrollment data. The measures comply with standards for publicly reported outcomes models set forth by the American Heart Association and the American College of Cardiology. CMS calculates hospital-specific 30-day mortality and readmission rates using Medicare claims and eligibility information as well as VA administrative information. Using administrative data makes it possible to calculate mortality and readmission rates without performing medical chart reviews or requiring hospitals to report additional information to CMS. To make comparisons between hospitals fair, calculation of the 30-Day Mortality and Readmission measures adjust for patient characteristics that may make death or readmission more likely, even if the hospital provided quality care—including the patient’s age, gender, past medical history, and other diseases or conditions (comorbidities) the patient had at hospital arrival that are known to increase the patient’s risk of dying or readmission.
Reporting Cycle	Collection period: 36 months. Refreshed annually.

Name	AHRQ Patient Safety Indicators (PSIs)
Description/ Background	The AHRQ PSIs reflect quality of care for hospitalized adults and focus on potentially avoidable complications and iatrogenic events. CMS currently publicly reports six PSI measures.
Reporting Cycle	Collection period: 24 months. Refreshed annually.

Name	Healthcare-Associated Infections (HAIs)
Description/ Background	HAIs are among the leading causes of death in the United States. HAIs put the patient at risk for serious injury, morbidity, mortality, increase the days of hospitalization required for patients, and add to healthcare costs. HAIs are largely preventable using widely publicized guidelines and interventions, such as better hygiene and advanced scientifically tested techniques. HAI measure data are collected by the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN) tool. Hospitals must enroll and complete NHSN training to comply with CMS' IQR Program HAI requirements.
Reporting Cycle	Collection period: 12 months. Refreshed quarterly, based on a rolling four quarters.

Name	Outpatient Imaging Efficiency (OIE)
Description/ Background	CMS has adopted six measures which capture the quality of outpatient care in the area of imaging. CMS notes that the purpose of these measures is to promote high-quality efficient care. Each of the measures currently utilize both the Hospital OPPI claims and Physician Part B claims in the calculations. These calculations are based on the administrative claims of the Medicare fee-for-service population and no additional data submission is required by hospitals.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

Name	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
Description/ Background	The HCAHPS Patient Survey, also known as the CAHPS® Hospital Survey or Hospital CAHPS, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. The survey is administered to a random sample of adult inpatients after discharge. The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes. The new Care Transitions composite will be publicly reported in late 2014. See Appendix B for a full list of current HCAHPS Survey items and response options questions. More information about the HCAHPS Survey can be found on the official HCAHPS Web site: <a href="http://www.HCAHPSonline.org">www.HCAHPSonline.org</a> .
Reporting Cycle	Collection period: 12 months. Refreshed quarterly.

Name	Number of Medicare Patients and Medicare Payment
Description/ Background	The payment and volume information reflects inpatient hospital services provided by hospitals to Medicare beneficiaries. CMS has posted this information for the public to view the cost to the Medicare program of treating beneficiaries with certain illnesses in their community and the number of Medicare patients treated. Payment and volume information can provide users with a general overview of hospitals' experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment groups of patients who have similar clinical characteristics and similar costs. The median payment refers to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were lower and half the payments were higher than the median payment.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

<b>Name</b>	<b>Hospital Readmissions Reduction Program (HRRP)</b>
Description/ Background	In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions. Excess readmissions are measured using a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for AMI, HF, and PN by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than one indicates excess readmissions. The calculations include only acute care hospitals paid under IPPS and Maryland hospitals.
Reporting Cycle	Collection period: 36 months. Refreshed annually.

<b>Name</b>	<b>Hospital Value-Based Purchasing (HVBP)</b>
Description/ Background	The HVBP program is part of CMS' long-standing effort to link Medicare's payment system to quality. The program implements value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country. Hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide. For the first FY of the HVBP Program, two domains will be used to assess hospital performance: 1) Patient Experience of Care and 2) Clinical Process of Care. The Patient Experience of Care domain is comprised of the HCAHPS Survey measures. The Clinical Process of Care domain is comprised of selected IQR Program's Process of Care measures from the AMI, HAI, HF, PN, and Surgical Care Improvement Project (SCIP) measure sets. A performance score and an improvement score are calculated for each measure, a domain score is then calculated for each of the two domains. The Total Performance Score (TPS) is calculated using the weighted domain scores. For FY 2013 the Clinical Process of Care domain score is weighted as 70 percent of the TPS, and the Patient Experience of Care domain is weighted as 30 percent of the TPS.
Reporting Cycle	Collection period: 12 months. Refreshed annually.

<b>Name</b>	<b>Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program</b>
Description/ Background	The IPFQR program is a pay-for-reporting program intended to provide consumers with quality of care information to make more informed decisions about health care options. To meet the IPFQR program requirements, Inpatient Psychiatric Facilities (IPFs) are required to submit all quality measures to CMS. The IPFQR program measures allow consumers to find and compare the quality of care given at psychiatric facilities where patients are admitted as inpatients. Inpatient psychiatric facilities are required to report data on these measures. Facilities that are eligible for this program may have their Medicare payments reduced if they do not report.
Reporting Cycle	Collection period: 6 months. Refreshed annually.

## Data Collection Period Information

The Downloadable Databases are refreshed within 24 hours of the Hospital Compare data update as indicated in the bottom left corner of the Hospital Compare home page. For more information, there is a file that provides the measurement dates for each of the measure types being reported in that file. A sample of the measurement date file is shown below:

Measure Code	Measure Start Quarter	Measure Start Date	Measure End Quarter	Measure End Date
AMI-10	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-2	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-7a	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-8a	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-1	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-2	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-3	2Q2011	4/1/2011	1Q2012	3/31/2012
Composite 6 (Q19 & Q20)	2Q2011	4/1/2011	1Q2012	3/31/2012
ED-1b	1Q2012	1/1/2012	1Q2012	3/31/2012
ED-2b	1Q2012	1/1/2012	1Q2012	3/31/2012
HAC-1	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-2	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-3	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-4	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-5	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-6	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-7	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-8	3Q2009	7/1/2009	2Q2011	6/30/2011
SCIP-VTE-2	2Q2011	4/1/2011	1Q2012	3/31/2012

## Data File Summary

The table below shows the titles of the Access tables and CSV Revised file names.<sup>1</sup>

MSAccess file name: <b>Hospital.zip</b>	CSV Revised file name: <b>Hospital_revised_flatfiles.zip</b>
Hospital.pdf	Hospital.pdf
Readme.txt	readme.txt
Access Table Names	CSV Revised Data File Names (.csv)
dbo_vwHQI_HOSP	Hospital_Data.csv
dbo_vwHQI_FTNT	FootNote.csv
dbo_vwHQI_PCTL_MSR_XWLK	
vwHQI_HOSP_AHRQ_NATIONAL	Agency for Healthcare Research and Quality - National.csv
vwHQI_HOSP_AHRQ_STATE	Agency for Healthcare Research and Quality - State.csv
vwHQI_HOSP_AHRQ	Agency for Healthcare Research and Quality.csv
dbo_vwHQI_HOSP_ED	Emergency Department Throughput.csv
vwHQI_HOSP_ED_National	Emergency Department Throughput-National.csv
vwHQI_HOSP_ED_State	Emergency Department Throughput-State.csv
dbo_vwHQI_US_NATIONAL_HCAHPS_MSR	HCAHPS Measures - National.csv
dbo_vwHQI_STATE_HCAHPS_MSR	HCAHPS Measures - State.csv
dbo_vwHQI_HOSP_HCAHPS_MSR	HCAHPS Measures.csv
vwHQI_HOSP_HAI	Healthcare_Associated_Infections.csv
vwHQI_HOSP_HAI_National	Healthcare_Associated_Infections_National.csv
vwHQI_HOSP_HAI_STATE	Healthcare_Associated_Infections_State.csv
dbo_vwHQI_HOSP_STRUCTURAL_XWLK	Hospital Structural Measures.csv
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL.csv
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL.csv
HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE.csv
Hvbp_ami_02_25_2014	hvpb_ami_05_27_2014
Hvbp_hai_02_25_2014	hvpb_hai_05_27_2014
Hvbp_hcahps_02_25_2014	hvpb_hcahps_05_27_2014
Hvbp_hf_02_25_2014	hvpb_hf_05_27_2014
Hvbp_outcome_02_25_2014	hvpb_outcome_05_27_2014
Hvbp_pn_02_25_2014	hvpb_pn_05_27_2014
Hvbp_quarters	hvpb_quarters
Hvbp_scip_02_25_2014	hvpb_scip_05_27_2014
Hvbp_tps_02_25_2014	hvpb_tps_05_27_2014
dbo_vwHQI_HOSP_IMM	Immunization.csv
vwHQI_HOSP_IMM_National	Immunization-National.csv
vwHQI_HOSP_IMM_State	Immunization-State.csv
dbo_vwHQI_HOSP_MSR_XWLK	Measure Crosswalk.csv
vwMeasure_Dates	Measure Dates.csv
Medicare Hospital Spending by Claim	Medicare Hospital Spending by Claim.csv
dbo_vwHQI_HOSP_SPP_National	Medicare hospital spending per patient - National.csv
dbo_vwHQI_HOSP_SPP_State	Medicare hospital spending per patient - State.csv
vwHQI_HOSP_SPP	Medicare hospital spending per patient.csv
dbo_vwHQI_US_NATIONAL_MPV_MSR	Medicare Volume Measures - National.csv

<sup>1</sup>Please note the Revised CSV Flat File names should mirror Data.Medicare.gov.

MSAccess file name: <b>Hospital.zip</b>	CSV Revised file name: <b>Hospital_revised_flatfiles.zip</b>
Hospital.pdf	Hospital.pdf
Readme.txt	readme.txt
<b>Access Table Names</b>	<b>CSV Revised Data File Names (.csv)</b>
dbo_vwHQI_STATE_MPV_MSR	Medicare Volume Measures - State.csv
dbo_vwHQI_HOSP_MPV_MSR	Medicare Volume Measures.csv
dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE	Outcome of Care Measures - National.csv
dbo_vwHQI_STATE_MORTALITY_READM_SCRE	Outcome of Care Measures - State.csv
dbo_vwHQI_HOSP_MORTALITY_READM_XWLK	Outcome of Care Measures.csv
dbo_vwHQI_US_NATIONAL_IMG_AVG	Outpatient Imaging Efficiency Measures - National.csv
dbo_vwHQI_STATE_IMG_AVG	Outpatient Imaging Efficiency Measures - State.csv
dbo_vwHQI_HOSP_IMG_XWLK	Outpatient Imaging Efficiency Measures.csv
dbo_vwHQI_US_National_MSR_AVG	Process of Care Measures - National.csv
dbo_vwHQI_STATE_MSR_AVG	Process of Care Measures - State.csv
vwHQI_READM_REDUCTION	READMISSION REDUCTION.csv
	Process of Care Measures - Blood Clot Prevention and Treatment.csv
	Process of Care Measures - Children.csv
	Process of Care Measures - Heart Attack.csv
	Process of Care Measures - Heart Failure.csv
	Process of Care Measures - Pneumonia.csv
	Process of Care Measures - Pregnancy and Delivery Care.csv
	Process of Care Measures - SCIP.csv
	Process of Care Measures - Stroke Care.csv

## Access Downloadable File Contents

When looking at the Access table, the following acronyms tell the type of data reported in a given table.

Acronym	Meaning
FTNT	Footnote
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
IMG	Imaging
IMM	Immunizations
MSR	Measure
READM	Readmissions
MPV	Medicare Payments and Volume
SPP	Spending Per Patient

## Access Data Content Summary

Note: Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided.

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_FTNT
Description	Look up table for footnote text in various data files
Column Name	DDB Data Type
Footnote	Text (50)
FootnoteText	Memo

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_HOSP
Description	General information on hospitals within the dataset
Column Name	DDB Data Type
Provider Number	Memo
Hospital Name	Memo
Address1	Memo
Address2	Memo
Address3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Hospital Type	Text(50)
Hospital Ownership	Text(100)
Emergency Service	Text(50)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_HOSP_HCAHPS_MSR
Description	HCAHPS measures hospital-level results
Column Name	DDB Data Type
Provider Number	Memo
Hospital Name	Memo
State	Text(2)
HCAHPS Measure Code	Text(25)
HCAHPS Question	Memo
HCAHPS Answer Description	Memo
HCAHPS Answer Percent	Text(50)
Number of Completed Surveys	Text(50)
Survey Response Rate Percent	Text(50)
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_HOSP_IMG_XWLK	
<b>Description</b>	Outpatient Imaging Efficiency measures hospital-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Condition		Text(22)
Measure Code		Text(25)
Measure Name		Memo
Score		Text(50)
Sample		Text(50)
Footnote		Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_HOSP_MORTALITY_READM_XWLK	
<b>Description</b>	30-Day Mortality and Readmission measures hospital-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Condition		Text(25)
Measure Name		Memo
Mortality_Readm_Compl_Rate		Text(50)
Comparison to National Rate		Text(50)
Lower Mortality_Readm Estimate		Text(50)
Upper Mortality_Readm Estimate		Text(50)
Number of Discharges		Text(50)
Footnote		Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_HOSP_MPV_MSR	
<b>Description</b>	Medicare Volume measures hospital-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Diagnosis Related Group ID		Text(25)
Diagnosis Related Group Name		Memo
Number Of Cases		Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_HOSP_MSR_XWLK	
<b>Description</b>	Process of Care measures hospital-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Condition		Memo
Measure Code		Text(25)
Measure Name		Memo
Score		Text(50)
Sample		Text(50)
Footnote		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_HOSP_STRUCTURAL_XWLK	
<b>Description</b>	Structural measures hospital-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
Provider Number		Memo
Hospital Name		Memo
State		Text(2)
Measure Code		Text(25)
Measure Name		Memo
Measure Response		Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_PCTL_MSR_XWLK	
<b>Description</b>	Scores achieved by the top 10% of hospitals and national average score for each Process of Care measure	
<b>Column Name</b>		<b>DDB Data Type</b>
Measure Name		Memo
Condition		Memo
Measure Code		Text(25)
Percentile		Text(68)
Score		Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b>	
	dbo_vwHQI_STATE_HCAHPS_MSR	
<b>Description</b>	HCAHPS measures state-level results	
<b>Column Name</b>		<b>DDB Data Type</b>
State		Text(50)
HCAHPS Question		Memo
HCAHPS Measure Code		Text(25)
HCAHPS Answer Description		Memo
HCAHPS Answer Percent		Text(50)

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_STATE_IMG_AVG	
Description	Outpatient Imaging Efficiency measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Condition	Text(22)	
Measure Code	Text(25)	
Measure Name	Memo	
Score	Text(50)	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_STATE_MORTALITY_READM_SCRE	
Description	30-Day Mortality and Readmission measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Condition	Memo	
Measure Name	Memo	
Category	Text(36)	
Number of Hospitals	Text(50)	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_US_NATIONAL_MORTALITY_READM_RATE	
Description	30-Day Mortality and Readmission measures national results	
Column Name	DDB Data Type	
Condition	Memo	
Measure Name	Memo	
National Mortality_Readm Rate	Text(50)	

Table Name	Access	Business
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_STATE_MPV_MSR	Medicare Volume State Results
Description	Medicare Volume measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Diagnosis Related Group ID	Text(25)	
Diagnosis Related Group Name	Memo	
Number Of Cases	Text(50)	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	dbo_vwHQL_STATE_MSR_AVG	
Description	Process of Care measures state-level results	
Column Name	DDB Data Type	
State	Text(50)	
Condition	Memo	
Measure Name	Memo	
Measure Code	Text(25)	
Score	Text(50)	

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
Description	HCAHPS measures national results
Column Name	DDB Data Type
HCAHPS Measure Code	Text(25)
HCAHPS Question	Memo
HCAHPS Answer Description	Memo
HCAHPS Answer Percent	Text(50)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQI_US_NATIONAL_IMG_AVG
Description	Outpatient Imaging Efficiency measures national results
Column Name	DDB Data Type
Condition	Text(22)
Measure Code	Text(25)
Measure Name	Memo
Score	Text(50)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQI_US_NATIONAL_MPV_MSR
Description	Medicare Volume measures national results
Column Name	DDB Data Type
State	Text(50)
Diagnosis Related Group ID	Text(25)
Diagnosis Related Group Name	Memo
Number Of Cases	Text(50)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQI_US_National_MSR_AVG
Description	Process of Care measures national results
Column Name	DDB Data Type
Provider Number	Text(50)
Condition	Text(50)
Measure Name	Memo
Score	Text(50)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	vwHQI_HOSP_AHRQ_NATIONAL
Description	AHRQ PSI measures national results
Column Name	DDB Data Type
MSR_CD	Memo
NATIONAL	Memo
PSI_NATIONAL_SCR	Memo

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	vwHQI_HOSP_AHRQ_STATE	
Description	AHRQ PSI measures state-level results	
Column Name	DDB Data Type	
State	Memo	
PSI_4_SURG_COMP_WORSE	Memo	
PSI_4_SURG_COMP_SAME	Memo	
PSI_4_SURG_COMP_BETTER	Memo	
PSI_4_SURG_COMP_TOOFEW	Memo	
PSI_6_IAT_PTX_WORSE	Memo	
PSI_6_IAT_PTX_SAME	Memo	
PSI_6_IAT_PTX_BETTER	Memo	
PSI_6_IAT_PTX_TOOFEW	Memo	
PSI_12_POSTOP_PULMEMB_DVT_WORSE	Memo	
PSI_12_POSTOP_PULMEMB_DVT_SAME	Memo	
PSI_12_POSTOP_PULMEMB_DVT_BETTER	Memo	
PSI_12_POSTOP_PULMEMB_DVT_TOOFEW	Memo	
PSI_14_POSTOP_DEHIS_WORSE	Memo	
PSI_14_POSTOP_DEHIS_SAME	Memo	
PSI_14_POSTOP_DEHIS_BETTER	Memo	
PSI_14_POSTOP_DEHIS_TOOFEW	Memo	
PSI_15_ACC_LAC_WORSE	Memo	
PSI_15_ACC_LAC_SAME	Memo	
PSI_15_ACC_LAC_BETTER	Memo	
PSI_15_ACC_LAC_TOOFEW	Memo	
PSI_90_SAFETY_WORSE	Memo	
PSI_90_SAFETY_SAME	Memo	
PSI_90_SAFETY_BETTER	Memo	
PSI_90_SAFETY_TOOFEW	Memo	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	vwMeasure_Dates	
Description	Current collection dates for measures included in the Downloadable Database	
Column Name	DDB Data Type	
msr_cd	Memo	
msr_strt_qtr	Memo	
msr_strt_dt	Memo	
msr_end_qtr	Memo	
msr_end_dt	Memo	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	vwHQI_HOSP_AHRQ	
Description	AHRQ PSI measures hospital-level results	
Column Name	DDB Data Type	
Prvdr_id	Memo	
PSI_4_SURG_COMP	Memo	
PSI_4_SURG_COMP_F	Memo	
PSI_6_IAT_PTX	Memo	
PSI_6_IAT_PTX_F	Memo	
PSI_12_POSTOP_PULMEMB_DVT	Memo	
PSI_12_POSTOP_PULMEMB_DVT_F	Memo	
PSI_14_POSTOP_DEHIS	Memo	
PSI_14_POSTOP_DEHIS_F	Memo	
PSI_15_ACC_LAC	Memo	
PSI_15_ACC_LAC_F	Memo	
PSI_90_SAFETY	Memo	
PSI_90_SAFETY_F	Memo	
PSI_4_SURG_COMP_NUM_DC	Memo	
PSI_4_SURG_COMP_RATE	Memo	
PSI_4_SURG_COMP_LOW_EST	Memo	
PSI_4_SURG_COMP_HIGH_EST	Memo	
PSI_6_IAT_PTX_NUM_DC	Memo	
PSI_6_IAT_PTX_RATE	Memo	
PSI_6_IAT_PTX_LOW_EST	Memo	
PSI_6_IAT_PTX_HIGH_EST	Memo	
PSI_12_POSTOP_PULMEMB_DVT_NUM_DC	Memo	
PSI_12_POSTOP_PULMEMB_DVT_RATE	Memo	
PSI_12_POSTOP_PULMEMB_DVT_LOW_EST	Memo	
PSI_12_POSTOP_PULMEMB_DVT_HIGH_EST	Memo	
PSI_14_POSTOP_DEHIS_NUM_DC	Memo	
PSI_14_POSTOP_DEHIS_RATE	Memo	
PSI_14_POSTOP_DEHIS_LOW_EST	Memo	
PSI_14_POSTOP_DEHIS_HIGH_EST	Memo	
PSI_15_ACC_LAC_NUM_DC	Memo	
PSI_15_ACC_LAC_RATE	Memo	
PSI_15_ACC_LAC_LOW_EST	Memo	
PSI_15_ACC_LAC_HIGH_EST	Memo	
PSI_90_SAFETY_NUM_DC	Memo	
PSI_90_SAFETY_RATE	Memo	
PSI_90_SAFETY_LOW_EST	Memo	
PSI_90_SAFETY_HIGH_EST	Memo	

Table Name	Access	
<a href="#">(Back to Table Listing)</a>	vwHQI_HOSP_HAI_STATE	
Description	Healthcare-Associated Infections measures state-level results	
Column Name	DDB Data Type	
state	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name ( <a href="#">Back to Table Listing</a> )	Access	
	vwHQI_HOSP_HAI	
Description	Healthcare-Associated Infections measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name ( <a href="#">Back to Table Listing</a> )	Access	
	vwHQI_HOSP_SPP	
Description	Medicare Spending Per Patient measure hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
scr	Memo	
msr_cd	Memo	
ftnt_id	Memo	

Table Name ( <a href="#">Back to Table Listing</a> )	Access	
	dbo_vwHQI_HOSP_ED	
Description	Process of Care—Emergency Department measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	
Sample	Memo	

Table Name ( <a href="#">Back to Table Listing</a> )	Access	
	dbo_vwHQI_HOSP_IMM	
Description	Process of Care—Immunization measures hospital-level results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	
Sample	Memo	

Table Name ( <a href="#">Back to Table Listing</a> )	Access	
	vwHQI_HOSP_ED_National	
Description	Process of Care—Emergency Department measures national results	
Column Name	DDB Data Type	
prvdr_id	Memo	
msr_cd	Memo	
scr	Memo	
footnote	Memo	

Table Name	Access
<a href="#">(Back to Table Listing)</a>	vwHQP_HOSP_ED_State
Description	Process of Care—Emergency Department measures state-level results
Column Name	DDB Data Type
prvdr_id	Memo
msr_cd	Memo
scr	Memo
footnote	Memo

Table Name	Access
<a href="#">(Back to Table Listing)</a>	vwHQP_HOSP_IMM_National
Description	Process of Care—Immunization measures national results
Column Name	DDB Data Type
prvdr_id	Memo
msr_cd	Memo
scr	Memo
footnote	Memo

Table Name	Access
<a href="#">(Back to Table Listing)</a>	vwHQP_HOSP_IMM_State
Description	Process of Care—Immunization measures state-level results
Column Name	DDB Data Type
prvdr_id	Memo
msr_cd	Memo
scr	Memo
footnote	Memo

Table Name	Access
<a href="#">(Back to Table Listing)</a>	vwHQP_READM_REDUCTION
Description	Readmission Reduction measures hospital-level results
Column Name	DDB Data Type
Hospital Name	Text(255)
Provider Number	Text(255)
State	Text(255)
Measure Name	Text(255)
Number of Discharges	Text(255)
Footnote	Text(255)
Excess Readmission Ratio	Text(255)
Predicted Readmission Rate	Text(255)
Expected Readmission Rate	Text(255)
Number of Readmissions	Text(255)
Start Date	Text(255)
End Date	Text(255)

Table Name	Access
<a href="#">(Back to Table Listing)</a>	dbo_vwHQP_HOSP_SPP_State
Description	Medicare Spending Per Patient measure state-level results
Column Name	DDB Data Type
prvdr_id	Memo
msr_cd	Memo
scr	Memo
ftnt_value	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> dbo_vwHQI_HOSP_SPP_National
<b>Description</b>	Medicare Spending Per Patient measure national results
<b>Column Name</b>	<b>DDB Data Type</b>
prvdr_id	Memo
msr_cd	Memo
scr	Memo
ftnt_value	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> vwHQI_HOSP_HAI_National
<b>Description</b>	Healthcare-Asssicoated Infections measures national results
<b>Column Name</b>	<b>DDB Data Type</b>
prvdr_id	Memo
msr_cd	Memo
scr	Memo
footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_ami_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
AMI-7a Performance Rate	Text(255)
AMI-7a Achievement Points	Text(255)
AMI-7a Improvement Points	Text(255)
AMI-7a Measure Score	Text(255)
AMI-8a Performance Rate	Text(255)
AMI-8a Achievement Points	Text(255)
AMI-8a Improvement Points	Text(255)
AMI-8a Measure Score	Text(255)
AMI Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_hai_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
SCIP-Inf-1 Performance Rate	Text(255)
SCIP-Inf-1 Achievement Points	Text(255)
SCIP-Inf-1 Improvement Points	Text(255)
SCIP-Inf-1 Measure Score	Text(255)
SCIP-Inf-2 Performance Rate	Text(255)
SCIP-Inf-2 Achievement Points	Text(255)
SCIP-Inf-2 Improvement Points	Text(255)
SCIP-Inf-2 Measure Score	Text(255)
SCIP-Inf-3 Performance Rate	Text(255)
SCIP-Inf-3 Achievement Points	Text(255)
SCIP-Inf-3 Improvement Points	Text(255)
SCIP-Inf-3 Measure Score	Text(255)
SCIP-Inf-4 Performance Rate	Text(255)
SCIP-Inf-4 Achievement Points	Text(255)
SCIP-Inf-4 Improvement Points	Text(255)
SCIP-Inf-4 Measure Score	Text(255)
SCIP-Inf-9 Performance Rate	Text(255)
SCIP-Inf-9 Achievement Points	Text(255)
SCIP-Inf-9 Improvement Points	Text(255)
SCIP-Inf-9 Measure Score	Text(255)
HAI Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_hcahps_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing HCAHPS measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
Communication with Nurses Achievement Points	Text(255)
Communication with Nurses Improvement Points	Text(255)
Communication with Nurses Dimension Score	Text(255)
Communication with Doctors Achievement Points	Text(255)
Communication with Doctors Improvement Points	Text(255)
Communication with Doctors Dimension Score	Text(255)
Responsiveness of Hospital Staff Achievement Points	Text(255)
Responsiveness of Hospital Staff Improvement Points	Text(255)
Responsiveness of Hospital Staff Dimension Score	Text(255)
Pain Management Achievement Points	Text(255)
Pain Management Improvement Points	Text(255)
Pain Management Dimension Score	Text(255)
Communication about Medicines Achievement Points	Text(255)
Communication about Medicines Improvement Points	Text(255)
Communication about Medicines Dimension Score	Text(255)
Cleanliness and Quietness of Hospital Environment Achievement Po	Text(255)
Cleanliness and Quietness of Hospital Environment Improvement Po	Text(255)
Cleanliness and Quietness of Hospital Environment Dimension Scor	Text(255)
Discharge Information Achievement Points	Text(255)
Discharge Information Improvement Points	Text(255)
Discharge Information Dimension Score	Text(255)
Overall Rating of Hospital Achievement Points	Text(255)
Overall Rating of Hospital Improvement Points	Text(255)
Overall Rating of Hospital Dimension Score	Text(255)
HCAHPS Base Score	Text(255)
HCAHPS Consistency Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_hf_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Heart Failure measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
HF-1 Performance Rate	Text(255)
HF-1 Achievement Points	Text(255)
HF-1 Improvement Points	Text(255)
HF-1 Measure Score	Text(255)
HF Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_pn_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
PN-3b Performance Rate	Text(255)
PN-3b Achievement Points	Text(255)
PN-3b Improvement Points	Text(255)
PN-3b Measure Score	Text(255)
PN-6 Performance Rate	Text(255)
PN-6 Achievement Points	Text(255)
PN-6 Improvement Points	Text(255)
PN-6 Measure Score	Text(255)
PN Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_scip_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
SCIP-Card-2 Performance Rate	Text(255)
SCIP-Card-2 Achievement Points	Text(255)
SCIP-Card-2 Improvement Points	Text(255)
SCIP-Card-2 Measure Score	Text(255)
SCIP-VTE-1 Performance Rate	Text(255)
SCIP-VTE-1 Achievement Points	Text(255)
SCIP-VTE-1 Improvement Points	Text(255)
SCIP-VTE-1 Measure Score	Text(255)
SCIP-VTE-2 Performance Rate	Text(255)
SCIP-VTE-2 Achievement Points	Text(255)
SCIP-VTE-2 Improvement Points	Text(255)
SCIP-VTE-2 Measure Score	Text(255)
SCIP Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_tps_02_25_2014
<b>Description</b>	Overall performance score for Hospital Value-Based Purchasing
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
Unweighted Normalized Clinical Process of Care Domain Score	Text(255)
Weighted Clinical Process of Care Domain Score	Text(255)
Unweighted Patient Experience of Care Domain Score	Text(255)
Weighted Patient Experience of Care Domain Score	Text(255)
Unweighted Normalized Outcome Domain Score	Text(255)
Weighted Outcome Domain Score	Text(255)
Total Performance Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_outcome_02_25_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Outcome measures results
<b>Column Name</b>	<b>DDB Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
MORT-30-AMI Performance Rate	Text(255)
MORT-30-AMI Achievement Points	Text(255)
MORT-30-AMI Improvement Points	Text(255)
MORT-30-AMI Measure Score	Text(255)
MORT-30-HF Performance Rate	Text(255)
MORT-30-HF Achievement Points	Text(255)
MORT-30-HF Improvement Points	Text(255)
MORT-30-HF Measure Score	Text(255)
MORT-30-PN Performance Rate	Text(255)
MORT-30-PN Achievement Points	Text(255)
MORT-30-PN Improvement Points	Text(255)
MORT-30-PN Measure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Hvbp_quarters
<b>Description</b>	The performance period and baseline period for Hospital Value-Based Purchasing
<b>Column Name</b>	<b>DDB Data Type</b>
Measure ID	Text(255)
Measure Description	Text(255)
Calculation Period	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Access</b> Medicare Hospital Spending by Claim
<b>Description</b>	Average spending levels during hospitals' Medicare Spending per Beneficiary (MSPB) episodes
<b>Column Name</b>	<b>DDB Data Type</b>
Hospital Name	Text(255)
Provider Number	Text(255)
State	Text(255)
Period	Text(255)
Claim Type	Text(255)
Avg Spending Per Episode (Hospital)	Text(255)
Avg Spending Per Episode (State)	Text(255)
Avg Spending Per Episode (Nation)	Text(255)
Percent of Spending (Hospital)	Text(255)
Percent of Spending (State)	Text(255)
Percent of Spending (Nation)	Text(255)

## CSV Revised Flat Files Data Content Summary

Note: Opening CSV files in Excel will remove leading zeros from data fields. Since some data, such as provider numbers, contain leading zeros, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. Fields having the data type of “memo” do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of “Text” require the corresponding length provided. Please note, the Revised CSV Flat File column names and file names should mirror Data.Medicare.gov.

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Agency for Healthcare Research and Quality - National	
Description	AHRQ PSI measures national results	
CSV Revised File Column Name		Data Type
Measure		Memo
U.S. National Rate		Memo
National Patient Safety Measure Performance		Memo

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Agency for Healthcare Research and Quality - State	
Description	AHRQ PSI measures state-level results	
CSV Revised File Column Name		Data Type
State		Memo
Worse - Death from serious treatable complications after surgery		Memo
Same - Death from serious treatable complications after surgery		Memo
Better - Death from serious treatable complications after surgery		Memo
Too few - Death from serious treatable complications after surgery		Memo
Worse - Collapsed lung due to medical treatment		Memo
Same - Collapsed lung due to medical treatment		Memo
Better - Collapsed lung due to medical treatment		Memo
Too few - Collapsed lung due to medical treatment		Memo
Worse - Serious blood clots after surgery		Memo
Same - Serious blood clots after surgery		Memo
Better - Serious blood clots after surgery		Memo
Too few - Serious blood clots after surgery		Memo
Worse - A wound that splits open after surgery		Memo
Same - A wound that splits open after surgery		Memo
Better - A wound that splits open after surgery		Memo
Too few - A wound that splits open after surgery		Memo
Worse - Accidental cuts and tears from medical treatment		Memo
Same - Accidental cuts and tears from medical treatment		Memo
Better - Accidental cuts and tears from medical treatment		Memo
Too few - Accidental cuts and tears from medical treatment		Memo
Worse - Serious Complications		Memo
Same - Serious Complications		Memo
Better - Serious Complications		Memo
Too few - Serious Complications		Memo

Table Name	Revised CSV Flat File
<a href="#">(Back to Table Listing)</a>	Agency for Healthcare Research and Quality
Description	AHRQ PSI measures hospital-level results
CSV Revised File Column Name	Data Type
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Death from serious treatable complications after surgery	Memo
Footnote - Death from serious treatable complications after surgery	Memo
Collapsed lung due to medical treatment	Memo
Footnote - Collapsed lung due to medical treatment	Memo
Serious blood clots after surgery	Memo
Footnote - Serious blood clots after surgery	Memo
A wound that splits open after surgery	Memo
Footnote - A wound that splits open after surgery	Memo
Accidental cuts and tears from medical treatment	Memo
Footnote - Accidental cuts and tears from medical treatment	Memo
Serious Complications	Memo
Footnote - Serious Complications	Memo
Number of Patients - Death from serious treatable complications after surgery	Memo
Rate - Death from serious treatable complications after surgery	Memo
Lower Estimate - Death from serious treatable complications after surgery	Memo
Higher Estimate - Death from serious treatable complications after surgery	Memo
Number of Patients - Collapsed lung due to medical treatment	Memo
Rate - Collapsed lung due to medical treatment	Memo
Lower Estimate - Collapsed lung due to medical treatment	Memo
Higher Estimate - Collapsed lung due to medical treatment	Memo
Number of Patients - Serious blood clots after surgery	Memo
Rate - Serious blood clots after surgery	Memo
Lower Estimate - Serious blood clots after surgery	Memo
Higher Estimate - Serious blood clots after surgery	Memo
Number of Patients - A wound that splits open after surgery	Memo
Rate - A wound that splits open after surgery	Memo
Lower Estimate - A wound that splits open after surgery	Memo
Higher Estimate - A wound that splits open after surgery	Memo
Number of Patients - Accidental cuts and tears from medical treatment	Memo
Rate - Accidental cuts and tears from medical treatment	Memo
Lower Estimate - Accidental cuts and tears from medical treatment	Memo
Higher Estimate - Accidental cuts and tears from medical treatment	Memo
Number of Patients - Serious Complications	Memo
Rate - Serious Complications	Memo
Lower Estimate - Serious Complications	Memo
Higher Estimate - Serious Complications	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Emergency Department Throughput	
<b>Description</b>	Process of Care—Emergency Department measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider ID		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Measure		Memo
Rate		Memo
Sample		Memo
Footnote		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Emergency Department Throughput-National	
<b>Description</b>	Process of Care—Emergency Department measures national results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider ID		Memo
Measure		Memo
Rate (per 1,000 Discharges)		Memo
Footnote		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Emergency Department Throughput-State	
<b>Description</b>	Process of Care—Emergency Department measures state-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider ID		Memo
Measure		Memo
Rate (per 1,000 Discharges)		Memo
Footnote		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	FootNote	
<b>Description</b>	Look up table for footnote text in various data files	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Footnote		Text (50)
FootnoteText		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	HCAHPS Measures - National	
<b>Description</b>	HCAHPS measures national results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
HCAHPS Question		Memo
HCAHPS Answer Description		Memo
HCAHPS Answer Percent		Text(50)

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	HCAHPS Measures - State	
Description	HCAHPS measures state-level results	
CSV Revised File Column Name		Data Type
State		Text(50)
Patients who reported that their nurses 'Sometimes' or 'Never' communicated well.		Memo
Patients who reported that their nurses 'Usually' communicated well.		Memo
Patients who reported that their nurses 'Always' communicated well.		Memo
Patients who reported that their doctors 'Sometimes' or 'Never' communicated well.		Memo
Patients who reported that their doctors 'Usually' communicated well.		Memo
Patients who reported that their doctors 'Always' communicated well.		Memo
Patients who reported that they 'Sometimes' or 'Never' received help as soon as they wanted.		Memo
Patients who reported that they 'Usually' received help as soon as they wanted.		Memo
Patients who reported that they 'Always' received help as soon as they wanted.		Memo
Patients who reported that their pain was 'Sometimes' or 'Never' well controlled.		Memo
Patients who reported that their pain was 'Usually' well controlled.		Memo
Patients who reported that their pain was 'Always' well controlled.		Memo
Patients who reported that staff 'Sometimes' or 'Never' explained about medicines before giving it to them.		Memo
Patients who reported that staff 'Usually' explained about medicines before giving it to them.		Memo
Patients who reported that staff 'Always' explained about medicines before giving it to them.		Memo
Patients who reported that their room and bathroom were 'Sometimes' or 'Never' clean.		Memo
Patients who reported that their room and bathroom were 'Usually' clean.		Memo
Patients who reported that their room and bathroom were 'Always' clean.		Memo
Patients who reported that the area around their room was 'Sometimes' or 'Never' quiet at night.		Memo
Patients who reported that the area around their room was 'Usually' quiet at night.		Memo
Patients who reported that the area around their room was 'Always' quiet at night.		Memo
Patients who reported that YES, they were given information about what to do during their recovery at home.		Memo
Patients who reported that NO, they were not given information about what to do during their recovery at home.		Memo
Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).		Memo
Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).		Memo
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).		Memo
Patients who reported NO they would not recommend the hospital.		Memo
Patients who reported YES they would probably recommend the hospital.		Memo
Patients who reported YES they would definitely recommend the hospital.		Memo

Table Name	Revised CSV Flat File
<a href="#">(Back to Table Listing)</a>	HCAHPS Measures
Description	HCAHPS measures hospital-level results
CSV Revised File Column Name	Data Type
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Patients who reported that their nurses "Sometimes" or "Never" communicated well.	Memo
Patients who reported that their nurses "Usually" communicated well.	Memo
Patients who reported that their nurses "Always" communicated well.	Memo
Patients who reported that their doctors "Sometimes" or "Never" communicated well.	Memo
Patients who reported that their doctors "Usually" communicated well.	Memo
Patients who reported that their doctors "Always" communicated well.	Memo
Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.	Memo
Patients who reported that they "Usually" received help as soon as they wanted.	Memo
Patients who reported that they "Always" received help as soon as they wanted.	Memo
Patients who reported that their pain was "Sometimes" or "Never" well controlled.	Memo
Patients who reported that their pain was "Usually" well controlled.	Memo
Patients who reported that their pain was "Always" well controlled.	Memo
Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.	Memo
Patients who reported that staff "Usually" explained about medicines before giving it to them.	Memo
Patients who reported that staff "Always" explained about medicines before giving it to them.	Memo
Patients who reported that their room and bathroom were "Sometimes" or "Never" clean.	Memo
Patients who reported that their room and bathroom were "Usually" clean.	Memo
Patients who reported that their room and bathroom were "Always" clean.	Memo
Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.	Memo
Patients who reported that the area around their room was "Usually" quiet at night.	Memo
Patients who reported that the area around their room was "Always" quiet at night.	Memo
Patients who reported that YES, they were given information about what to do during their recovery at home.	Memo
Patients who reported that NO, they were not given information about what to do during their recovery at home.	Memo
Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).	Memo
Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).	Memo
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	Memo
Patients who reported NO they would not recommend the hospital.	Memo
Patients who reported YES they would probably recommend the hospital.	Memo
Patients who reported YES they would definitely recommend the hospital.	Memo
Number of completed Surveys	Memo
Survey Response Rate	Memo
Hospital Footnote	Memo

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Healthcare_Associated_Infections	
Description	Healthcare-Associated Infections measures hospital-level results	
CSV Revised File Column Name		Data Type
Provider ID		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Measure		Memo
Score		Memo
Footnote		Memo

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Healthcare_Associated_Infections_National	
Description	Healthcare-Associated Infections measures national results	
CSV Revised File Column Name		Data Type
Provider ID		Memo
Measure		Memo
Score		Memo
Footnote		Memo

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Healthcare_Associated_Infections_State	
Description	Healthcare-Associated Infections measures state-level results	
CSV Revised File Column Name		Data Type
Provider ID		Memo
Measure		Memo
Score		Memo
Footnote		Memo

Table Name	Revised CSV Flat File	
<a href="#">(Back to Table Listing)</a>	Hospital Structural Measures	
Description	Structural measures hospital-level results	
CSV Revised File Column Name		Data Type
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Measure Name		Memo
Measure Response		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Hospital_Data
<b>Description</b>	General information on hospitals within the dataset
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County	Text(25)
Phone Number	Text(10)
Hospital Type	Text(50)
Hospital Ownership	Text(100)
Emergency Services	Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	hvpb_ami_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing Acute Myocardial Infarction measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
AMI-7a Performance Rate	Text(255)
AMI-7a Achievement Points	Text(255)
AMI-7a Improvement Points	Text(255)
AMI-7a Measure Score	Text(255)
AMI-8a Performance Rate	Text(255)
AMI-8a Achievement Points	Text(255)
AMI-8a Improvement Points	Text(255)
AMI-8a Measure Score	Text(255)
AMI Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_hai_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing Healthcare-Associated Infections measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
SCIP-Inf-1 Performance Rate	Text(255)
SCIP-Inf-1 Achievement Points	Text(255)
SCIP-Inf-1 Improvement Points	Text(255)
SCIP-Inf-1 Measure Score	Text(255)
SCIP-Inf-2 Performance Rate	Text(255)
SCIP-Inf-2 Achievement Points	Text(255)
SCIP-Inf-2 Improvement Points	Text(255)
SCIP-Inf-2 Measure Score	Text(255)
SCIP-Inf-3 Performance Rate	Text(255)
SCIP-Inf-3 Achievement Points	Text(255)
SCIP-Inf-3 Improvement Points	Text(255)
SCIP-Inf-3 Measure Score	Text(255)
SCIP-Inf-4 Performance Rate	Text(255)
SCIP-Inf-4 Achievement Points	Text(255)
SCIP-Inf-4 Improvement Points	Text(255)
SCIP-Inf-4 Measure Score	Text(255)
SCIP-Inf-9 Performance Rate	Text(255)
SCIP-Inf-9 Achievement Points	Text(255)
SCIP-Inf-9 Improvement Points	Text(255)
SCIP-Inf-9 Measure Score	Text(255)
HAI Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_hcahps_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing HCAHPS measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
Communication with Nurses Achievement Points	Text(255)
Communication with Nurses Improvement Points	Text(255)
Communication with Nurses Dimension Score	Text(255)
Communication with Doctors Achievement Points	Text(255)
Communication with Doctors Improvement Points	Text(255)
Communication with Doctors Dimension Score	Text(255)
Responsiveness of Hospital Staff Achievement Points	Text(255)
Responsiveness of Hospital Staff Improvement Points	Text(255)
Responsiveness of Hospital Staff Dimension Score	Text(255)
Pain Management Achievement Points	Text(255)
Pain Management Improvement Points	Text(255)
Pain Management Dimension Score	Text(255)
Communication about Medicines Achievement Points	Text(255)
Communication about Medicines Improvement Points	Text(255)
Communication about Medicines Dimension Score	Text(255)
Cleanliness and Quietness of Hospital Environment Achievement Points	Text(255)
Cleanliness and Quietness of Hospital Environment Improvement Points	Text(255)
Cleanliness and Quietness of Hospital Environment Dimension Score	Text(255)
Discharge Information Achievement Points	Text(255)
Discharge Information Improvement Points	Text(255)
Discharge Information Dimension Score	Text(255)
Overall Rating of Hospital Achievement Points	Text(255)
Overall Rating of Hospital Improvement Points	Text(255)
Overall Rating of Hospital Dimension Score	Text(255)
HCAHPS Base Score	Text(255)
HCAHPS Consistency Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_hf_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Heart Failure measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
HF-1 Performance Rate	Text(255)
HF-1 Achievement Points	Text(255)
HF-1 Improvement Points	Text(255)
HF-1 Measure Score	Text(255)
HF Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_outcome_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Outcome measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
MORT-30-AMI Performance Rate	Text(255)
MORT-30-AMI Achievement Points	Text(255)
MORT-30-AMI Improvement Points	Text(255)
MORT-30-AMI Measure Score	Text(255)
MORT-30-HF Performance Rate	Text(255)
MORT-30-HF Achievement Points	Text(255)
MORT-30-HF Improvement Points	Text(255)
MORT-30-HF Measure Score	Text(255)
MORT-30-PN Performance Rate	Text(255)
MORT-30-PN Achievement Points	Text(255)
MORT-30-PN Improvement Points	Text(255)
MORT-30-PN Measure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	hvbp_pn_05_27_2014	
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Pneumonia measures results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Text(255)
Hospital Name		Text(255)
Address		Text(255)
City		Text(255)
State		Text(255)
ZIP Code		Text(255)
County Name		Text(255)
PN-3b Performance Rate		Text(255)
PN-3b Achievement Points		Text(255)
PN-3b Improvement Points		Text(255)
PN-3b Measure Score		Text(255)
PN-6 Performance Rate		Text(255)
PN-6 Achievement Points		Text(255)
PN-6 Improvement Points		Text(255)
PN-6 Measure Score		Text(255)
PN Condition/Procedure Score		Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	hvbp_quarters	
<b>Description</b>	Hospital Value-Based Purchasing—Calculation Periods	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Measure ID		Text(255)
Measure Description		Text(255)
Performance Period		Text(255)
Baseline Period		Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_scip_05_27_2014
<b>Description</b>	Hospital Value-Based Purchasing Process of Care—Surgical Care Improvement Project measures results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
SCIP-Card-2 Performance Rate	Text(255)
SCIP-Card-2 Achievement Points	Text(255)
SCIP-Card-2 Improvement Points	Text(255)
SCIP-Card-2 Measure Score	Text(255)
SCIP-VTE-1 Performance Rate	Text(255)
SCIP-VTE-1 Achievement Points	Text(255)
SCIP-VTE-1 Improvement Points	Text(255)
SCIP-VTE-1 Measure Score	Text(255)
SCIP-VTE-2 Performance Rate	Text(255)
SCIP-VTE-2 Achievement Points	Text(255)
SCIP-VTE-2 Improvement Points	Text(255)
SCIP-VTE-2 Measure Score	Text(255)
SCIP Condition/Procedure Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b> hvbp_tps_05_27_2014
<b>Description</b>	Overall performance score for Hospital Value-Based Purchasing
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Text(255)
Hospital Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP Code	Text(255)
County Name	Text(255)
Unweighted Normalized Clinical Process of Care Domain Score	Text(255)
Weighted Clinical Process of Care Domain Score	Text(255)
Unweighted Patient Experience of Care Domain Score	Text(255)
Weighted Patient Experience of Care Domain Score	Text(255)
Unweighted Normalized Outcome Domain Score	Text(255)
Weighted Outcome Domain Score	Text(255)
Total Performance Score	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Immunization
<b>Description</b>	Process of Care—Immunization measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Measure	Memo
Rate	Memo
Sample	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Immunization-National
<b>Description</b>	Process of Care—Immunization measures national results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Measure	Memo
Rate	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Immunization-State
<b>Description</b>	Process of Care—Immunization measures state-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Measure	Memo
Rate	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Measure Crosswalk
<b>Description</b>	Process of Care measures crosswalk
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
State	Text(2)
Condition	Memo
Measure Code	Memo
Measure Name	Memo
Score	Memo
Sample	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Measure Dates
<b>Description</b>	Current collection dates for measures included in the Downloadable Database
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Measure Name	Memo
Measure Start Quarter	Memo
Measure Start Date	Memo
Measure End Quarter	Memo
Measure End Date	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Medicare hospital spending per patient - National
<b>Description</b>	Medicare hospital spending per patient measure national results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Measure	Memo
Score	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Medicare hospital spending per patient - State
<b>Description</b>	Medicare hospital spending per patient measure state-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Measure	Memo
Score	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Medicare hospital spending per patient
<b>Description</b>	Medicare hospital spending per patient measure hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider ID	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Measure	Memo
Medicare hospital spending per patient (Medicare Spending per Beneficiary)	Memo
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Medicare Volume Measures - National
<b>Description</b>	Medicare Volume measures national results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Diagnosis Related Group	Text(25)
Number Of Cases	Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Medicare Volume Measures - State
<b>Description</b>	Medicare Volume measures state-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
State	Text(50)
Diagnosis Related Group	Text(25)
Number Of Cases	Text(50)
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Medicare Volume Measures
<b>Description</b>	Medicare Volume measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Diagnosis Related Group	Text(25)
Number Of Cases	Text(50)
Footnote	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Outcome of Care Measures - National
<b>Description</b>	30-Day Mortality and Readmission measures national results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Condition	Text(13)
Measure Name	Memo
National Mortality/Readmission Rate	Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Outcome of Care Measures - State
	30-Day Mortality and Readmission measures state-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
State	Text(2)
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Failure are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Failure are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Failure are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Failure are Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Death (Mortality) Rates from Pneumonia are Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Attack are Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Heart Failure are Number of Cases Too Small	Memo
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Better than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are No different than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Worse than U S National Rate	Memo
Number of Hospitals whose 30-day Readmission Rates from Pneumonia are Number of Cases Too Small	Memo
Number of Hospitals whose Rate of readmission after hip or knee surgery are Better than the U.S. National Rate	Memo
Number of Hospitals whose Rate of readmission after hip or knee surgery are No Different than the U.S. National Rate	Memo
Number of Hospitals whose Rate of readmission after hip or knee surgery are Worse than the U.S. National Rate	Memo
Number of Hospitals whose Rate of readmission after hip or knee surgery are Number of Cases Too Small	Memo
Number of Hospitals whose All cause hospital-wide readmission are Better than the U.S. National Rate	Memo
Number of Hospitals whose All cause hospital-wide readmission are No Different than the U.S. National Rate	Memo
Number of Hospitals whose All cause hospital-wide readmission are Worse than the U.S. National Rate	Memo
Number of Hospitals whose All cause hospital-wide readmission are Number of Cases Too Small	Memo
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Better than the U.S. National Rate	Memo
Number of Hospitals whose Complications and Deaths following hip/knee surgery are No Different than the U.S. National Rate	Memo
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Worse than the U.S. National Rate	Memo
Number of Hospitals whose Complications and Deaths following hip/knee surgery are Number of Cases Too Small	Memo

Table Name	Revised CSV Flat File
<a href="#">(Back to Table Listing)</a>	Outcome of Care Measures
Description	30-Day Mortality and Readmission measures hospital-level results
CSV Revised File Column Name	Data Type
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Comparison to U S Rate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Number of Discharges - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Attack	Memo
Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Comparison to U S Rate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Number of Discharges - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Failure	Memo
Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Comparison to U S Rate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Number of Discharges - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Footnote - Hospital 30-Day Death (Mortality) Rates from Pneumonia	Memo
Hospital 30-Day Readmission Rates from Heart Attack	Memo
Comparison to U S Rate - Hospital 30-Day Readmission Rates from Heart Attack	Memo
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Memo
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack	Memo
Number of Discharges - Hospital 30-Day Readmission Rates from Heart Attack	Memo
Footnote - Hospital 30-Day Readmission Rates from Heart Attack	Memo
Hospital 30-Day Readmission Rates from Heart Failure	Memo
Comparison to U S Rate - Hospital 30-Day Readmission Rates from Heart Failure	Memo
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Memo
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure	Memo
Number of Discharges - Hospital 30-Day Readmission Rates from Heart Failure	Memo
Footnote - Hospital 30-Day Readmission Rates from Heart Failure	Memo
Hospital 30-Day Readmission Rates from Pneumonia	Memo
Comparison to U S Rate - Hospital 30-Day Readmission Rates from Pneumonia	Memo
Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Memo
Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia	Memo
Number of Discharges - Hospital 30-Day Readmission Rates from Pneumonia	Memo
Footnote - Hospital 30-Day Readmission Rates from Pneumonia	Memo
Rate of readmission after hip or knee surgery	Memo
Footnote - Rate of readmission after hip or knee surgery	Memo
Number of Discharges - Rate of readmission after hip or knee surgery	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Outcome of Care Measures
<b>Description</b>	30-Day Mortality and Readmission measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
RSRR - Rate of readmission after hip or knee surgery	Memo
Lower Readmission Estimate - Rate of readmission after hip or knee surgery	Memo
Upper Readmission Estimate - Rate of readmission after hip or knee surgery	Memo
All cause hospital-wide readmission	Memo
Footnote - All cause hospital-wide readmission	Memo
Number of Discharges - All cause hospital-wide readmission	Memo
RSRR - All cause hospital-wide readmission	Memo
Lower Readmission Estimate - All cause hospital-wide readmission	Memo
Upper Readmission Estimate - All cause hospital-wide readmission	Memo
Complications and Deaths following hip/knee surgery	Memo
Footnote - Complications and Deaths following hip/knee surgery	Memo
Number of Discharges - Complications and Deaths following hip/knee surgery	Memo
RSCR - Complications and Deaths following hip/knee surgery	Memo
Lower Readmission Estimate - Complications and Deaths following hip/knee surgery	Memo
Upper Readmission Estimate - Complications and Deaths following hip/knee surgery	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Outpatient Imaging Efficiency Measures - National
<b>Description</b>	Outpatient Imaging Efficiency measures national results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Measure Name	Memo
Score	Text(50)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Outpatient Imaging Efficiency Measures - State
<b>Description</b>	Outpatient Imaging Efficiency measures state-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
State	Text(50)
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy	Memo
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram	Memo
Outpatient CT scans of the abdomen that were “combination” (double) scans	Memo
Outpatient CT scans of the chest that were “combination” (double) scans	Memo
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	Memo
Outpatients with brain CT scans who got a sinus CT scan at the same time	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Outpatient Imaging Efficiency Measures	
<b>Description</b>	Outpatient Imaging Efficiency measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy		Memo
Number of Patients 1		Memo
Footnote 1		Memo
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram		Memo
Number of Patients 2		Memo
Footnote 2		Memo
Outpatient CT scans of the abdomen that were “combination” (double) scans		Memo
Number of Patients 3		Memo
Footnote 3		Memo
Outpatient CT scans of the chest that were “combination” (double) scans		Memo
Number of Patients 4		Memo
Footnote 4		Memo
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery		Memo
Number of Patients 5		Memo
Footnote 5		Memo
Outpatients with brain CT scans who got a sinus CT scan at the same time		Memo
Number of Patients 6		Memo
Footnote 6		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Process of Care Measures - Blood Clot Prevention and Treatment	
<b>Description</b>	Process of Care—Blood Clot Prevention and Treatment measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery Higher percentages are better		Memo
Number of Patients 1		Memo
Footnote 1		Memo
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) Higher percentages are better		Memo
Number of Patients 2		Memo
Footnote 2		Memo
Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time Higher percentages are better		Memo
Number of Patients 3		Memo
Footnote 3		Memo
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding Higher percentages are better		Memo
Number of Patients 4		Memo
Footnote 4		Memo
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine Higher percentages are better		Memo
Number of Patients 5		Memo
Footnote 5		Memo
Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it Lower percentages are better		Memo
Number of Patients 6		Memo
Footnote 6		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Process of Care Measures - Children	
<b>Description</b>	Process of Care—Children’s Asthma Care measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Percent of Children Who Received Reliever Medication While Hospitalized for Asthma		Memo
Number of Patients 1		Memo
Footnote 1		Memo
Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma		Memo
Number of Patients 2		Memo
Footnote 2		Memo
Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma		Memo
Number of Patients 3		Memo
Footnote 3		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Process of Care Measures - Heart Attack	
<b>Description</b>	Process of Care—Heart Attack measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Percent of Heart Attack Patients Given Aspirin at Discharge		Memo
Number of Patients 2		Memo
Footnote 2		Memo
Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival		Memo
Number of Patients 6		Memo
Footnote 6		Memo
Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival		Memo
Number of Patients 7		Memo
Footnote 7		Memo
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG		Memo
Number of Patients 8		Memo
Footnote 8		Memo
Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital		Memo
Number of Patients 9		Memo
Footnote 9		Memo
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival		Memo
Number of Patients 11		Memo
Footnote 11		Memo
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival		Memo
Number of Patients 12		Memo
Footnote 12		Memo
Heart Attack Patients Given a Prescription for a Statin at Discharge		Memo
Number of Patients 13		Memo
Footnote 13		Memo
Median Time to Fibrinolysis		Memo
Number of Patients 10		Memo
Footnote 10		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Process of Care Measures - Heart Failure	
<b>Description</b>	Process of Care—Heart Failure measures hospital-level results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Provider Number		Memo
Hospital Name		Memo
Address 1		Memo
Address 2		Memo
Address 3		Memo
City		Memo
State		Text(2)
ZIP Code		Text(5)
County Name		Text(25)
Phone Number		Text(10)
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function		Memo
Number of Patients 1		Memo
Footnote 1		Memo
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)		Memo
Number of Patients 2		Memo
Footnote 2		Memo
Percent of Heart Failure Patients Given Discharge Instructions		Memo
Number of Patients 3		Memo
Footnote 3		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>	
	Process of Care Measures - National	
<b>Description</b>	Process of Care measures national results	
<b>CSV Revised File Column Name</b>		<b>Data Type</b>
Measure name		Memo
Condition		Memo
Category		Memo
National Process of Care Rate		Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Process of Care Measures - Pneumonia
<b>Description</b>	Process of Care—Pneumonia measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Memo
Number of Patients 2	Memo
Footnote 2	Memo
Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Memo
Number of Patients 4	Memo
Footnote 4	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Process of Care Measures - Pregnancy and Delivery Care
<b>Description</b>	Process of Care—Pregnancy and Delivery Care measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary Lower percentages are better	Memo
Number of Patients 1	Memo
Footnote 1	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Process of Care Measures - SCIP
	Process of Care—Surgical Care Improvement Project measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Memo
Number of Patients 1	Memo
Footnote 1	Memo
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo
Number of Patients 2	Memo
Footnote 2	Memo
Surgery patients who were given the right kind of antibiotic to help prevent infection	Memo
Number of Patients 3	Memo
Footnote 3	Memo
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots	Memo
Number of Patients 4	Memo
Footnote 4	Memo
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Memo
Number of Patients 6	Memo
Footnote 6	Memo
The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery	Memo
Number of Patients 11	Memo
Footnote 11	Memo
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital who were kept on them	Memo
Number of Patients 8	Memo
Footnote 8	Memo
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Memo
Number of Patients 9	Memo
Footnote 9	Memo
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	Memo
Number of Patients 10	Memo
Footnote 10	Memo
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal	Memo
Number of Patients 13	Memo
Footnote 13	Memo

Table Name	Revised CSV Flat File
<a href="#">(Back to Table Listing)</a>	Process of Care Measures - State
Description	Process of Care measures state-level results
CSV Revised File Column Name	Data Type
State	Text(2)
Percent of Heart Attack Patients Given Aspirin at Discharge	Memo
Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	Memo
Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	Memo
Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function	Memo
Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Memo
Percent of Heart Failure Patients Given Discharge Instructions	Memo
Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics	Memo
Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)	Memo
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	Memo
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	Memo
Surgery patients who were given the right kind of antibiotic to help prevent infection	Memo
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots	Memo
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Memo
The percent of surgery patients whose urinary catheters were removed on the first or second day after surgery	Memo
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on them	Memo
Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	Memo
Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma	Memo
Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma	Memo
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	Memo
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	Memo
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG	Memo
Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital	Memo
Median Time to Fibrinolysis	Memo
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival	Memo
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Memo
Heart Attack Patients Given a Prescription for a Statin at Discharge	Memo
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal	Memo
Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary Lower percentages are better	Memo
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital Higher percentages are better	Memo
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge Higher percentages are better	Memo
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge Higher percentages are better	Memo
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started Higher percentages are better	Memo
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital Higher percentages are better	Memo
Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge Higher percentages are better	Memo
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay Higher percentages are better	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Process of Care Measures - State
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services Higher percentages are better	Memo
Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery Higher percentages are better	Memo
Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU) Higher percentages are better	Memo
Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time Higher percentages are better	Memo
Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding Higher percentages are better	Memo
Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine Higher percentages are better	Memo
Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it Lower percentages are better	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
<b>Description</b>	Process of Care Measures - Stroke Care
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Provider Number	Memo
Hospital Name	Memo
Address 1	Memo
Address 2	Memo
Address 3	Memo
City	Memo
State	Text(2)
ZIP Code	Text(5)
County Name	Text(25)
Phone Number	Text(10)
Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital Higher percentages are better	Memo
Number of Patients 1	Memo
Footnote 1	Memo
Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge Higher percentages are better	Memo
Number of Patients 2	Memo
Footnote 2	Memo
Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge Higher percentages are better	Memo
Number of Patients 3	Memo
Footnote 3	Memo
Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started Higher percentages are better	Memo
Number of Patients 4	Memo
Footnote 4	Memo
Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital Higher percentages are better	Memo
Number of Patients 5	Memo
Footnote 5	Memo
Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge Higher percentages are better	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Process of Care Measures - Stroke Care
<b>Description</b>	Process of Care—Stroke Care measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Number of Patients 6	Memo
Footnote 6	Memo
Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay Higher percentages are better	Memo
Number of Patients 8	Memo
Footnote 8	Memo
Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services Higher percentages are better	Memo
Number of Patients 10	Memo
Footnote 10	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	READMISSION REDUCTION
<b>Description</b>	Readmission Reduction measures hospital-level results
<b>CSV Revised File Column Name</b>	<b>Data Type</b>
Hospital Name	Memo
Provider Number	Memo
State	Text(2)
Measure Name	Memo
Number of Discharges	Memo
Footnote	Memo
Excess Readmission Ratio	Memo
Predicted Readmission Rate	Memo
Expected Readmission Rate	Memo
Number of Readmissions	Memo
Start Date	Memo
End Date	Memo

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File</b>
	Medicare Hospital Spending by Claim
<b>Description</b>	Average spending levels during hospitals' Medicare Spending per Beneficiary (MSPB) episodes
<b>Column Name</b>	<b>DDB Data Type</b>
Hospital Name	Text(255)
Provider Number	Text(255)
State	Text(255)
Period	Text(255)
Claim Type	Text(255)
Avg Spending Per Episode (Hospital)	Text(255)
Avg Spending Per Episode (State)	Text(255)
Avg Spending Per Episode (Nation)	Text(255)
Percent of Spending (Hospital)	Text(255)
Percent of Spending (State)	Text(255)
Percent of Spending (Nation)	Text(255)

Table Name ( <a href="#">Back to Table Listing</a> )	Revised CSV Flat File/Access
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results
Column Name	DDB Data Type
Provider_Number	Text(255)
Hospital_Name	Text(255)
Address	Text(255)
City	Text(255)
State	Text(255)
ZIP_Code	Text(255)
County_Name	Text(255)
HBIPS-2_Measure_Description	Text(255)
HBIPS-2_Overall_Rate_Per_1000	Text(255)
HBIPS-2_Overall_Num	Text(255)
HBIPS-2_Overall_Den	Text(255)
HBIPS-2_Overall_Footnote	Text(255)
HBIPS-2_1-12_Rate_Per_1000	Text(255)
HBIPS-2_1-12_Num	Text(255)
HBIPS-2_1-12_Den	Text(255)
HBIPS-2_1-12_Footnote	Text(255)
HBIPS-2_13-17_Rate_Per_1000	Text(255)
HBIPS-2_13-17_Num	Text(255)
HBIPS-2_13-17_Den	Text(255)
HBIPS-2_13-17_Footnote	Text(255)
HBIPS-2_18-64_Rate_Per_1000	Text(255)
HBIPS-2_18-64_Num	Text(255)
HBIPS-2_18-64_Den	Text(255)
HBIPS-2_18-64_Footnote	Text(255)
HBIPS-2_65_Over_Rate_Per_1000	Text(255)
HBIPS-2_65_Over_Num	Text(255)
HBIPS-2_65_Over_Den	Text(255)
HBIPS-2_65_Over_Footnote	Text(255)
HBIPS-3_Measure_Description	Text(255)
HBIPS-3_Overall_Rate_Per_1000	Text(255)
HBIPS-3_Overall_Num	Text(255)
HBIPS-3_Overall_Den	Text(255)
HBIPS-3_Overall_Footnote	Text(255)
HBIPS-3_1-12_Rate_Per_1000	Text(255)
HBIPS-3_1-12_Num	Text(255)
HBIPS-3_1-12_Den	Text(255)
HBIPS-3_1-12_Footnote	Text(255)
HBIPS-3_13-17_Rate_Per_1000	Text(255)
HBIPS-3_13-17_Num	Text(255)
HBIPS-3_13-17_Den	Text(255)
HBIPS-3_13-17_Footnote	Text(255)
HBIPS-3_18-64_Rate_Per_1000	Text(255)
HBIPS-3_18-64_Num	Text(255)
HBIPS-3_18-64_Den	Text(255)
HBIPS-3_18-64_Footnote	Text(255)
HBIPS-3_65_Over_Rate_Per_1000	Text(255)
HBIPS-3_65_Over_Num	Text(255)
HBIPS-3_65_Over_Den	Text(255)

Table Name	Revised CSV Flat File/Access
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results
Column Name	DDB Data Type
HBIPS-3_65_Over_Footnote	Text(255)
HBIPS-4_Measure_Description	Text(255)
HBIPS-4_Overall_%_of_Total	Text(255)
HBIPS-4_Overall_Num	Text(255)
HBIPS-4_Overall_Den	Text(255)
HBIPS-4_Overall_Footnote	Text(255)
HBIPS-4_1-12_%_of_Total	Text(255)
HBIPS-4_1-12_Num	Text(255)
HBIPS-4_1-12_Den	Text(255)
HBIPS-4_1-12_Footnote	Text(255)
HBIPS-4_13-17_%_of_Total	Text(255)
HBIPS-4_13-17_Num	Text(255)
HBIPS-4_13-17_Den	Text(255)
HBIPS-4_13-17_Footnote	Text(255)
HBIPS-4_18-64_%_of_Total	Text(255)
HBIPS-4_18-64_Num	Text(255)
HBIPS-4_18-64_Den	Text(255)
HBIPS-4_18-64_Footnote	Text(255)
HBIPS-4_65_Over_%_of_Total	Text(255)
HBIPS-4_65_Over_Num	Text(255)
HBIPS-4_65_Over_Den	Text(255)
HBIPS-4_65_Over_Footnote	Text(255)
HBIPS-5_Measure_Description	Text(255)
HBIPS-5_Overall_%_of_Total	Text(255)
HBIPS-5_Overall_Num	Text(255)
HBIPS-5_Overall_Den	Text(255)
HBIPS-5_Overall_Footnote	Text(255)
HBIPS-5_1-12_%_of_Total	Text(255)
HBIPS-5_1-12_Num	Text(255)
HBIPS-5_1-12_Den	Text(255)
HBIPS-5_1-12_Footnote	Text(255)
HBIPS-5_13-17_%_of_Total	Text(255)
HBIPS-5_13-17_Num	Text(255)
HBIPS-5_13-17_Den	Text(255)
HBIPS-5_13-17_Footnote	Text(255)
HBIPS-5_18-64_%_of_Total	Text(255)
HBIPS-5_18-64_Num	Text(255)
HBIPS-5_18-64_Den	Text(255)
HBIPS-5_18-64_Footnote	Text(255)
HBIPS-5_65_Over_%_of_Total	Text(255)
HBIPS-5_65_Over_Num	Text(255)
HBIPS-5_65_Over_Den	Text(255)
HBIPS-5_65_Over_Footnote	Text(255)
HBIPS-6_Measure_Description	Text(255)
HBIPS-6_Overall_%_of_Total	Text(255)
HBIPS-6_Overall_Num	Text(255)
HBIPS-6_Overall_Den	Text(255)
HBIPS-6_Overall_Footnote	Text(255)

Table Name	Revised CSV Flat File/Access
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL
Description	Inpatient Psychiatric Facility Quality Reporting Program measures hospital-level results
Column Name	DDB Data Type
HBIPS-6_1-12_%_of_Total	Text(255)
HBIPS-6_1-12_Num	Text(255)
HBIPS-6_1-12_Den	Text(255)
HBIPS-6_1-12_Footnote	Text(255)
HBIPS-6_13-17_%_of_Total	Text(255)
HBIPS-6_13-17_Num	Text(255)
HBIPS-6_13-17_Den	Text(255)
HBIPS-6_13-17_Footnote	Text(255)
HBIPS-6_18-64_%_of_Total	Text(255)
HBIPS-6_18-64_Num	Text(255)
HBIPS-6_18-64_Den	Text(255)
HBIPS-6_18-64_Footnote	Text(255)
HBIPS-6_65_Over_%_of_Total	Text(255)
HBIPS-6_65_Over_Num	Text(255)
HBIPS-6_65_Over_Den	Text(255)
HBIPS-6_65_Over_Footnote	Text(255)
HBIPS-7_Measure_Description	Text(255)
HBIPS-7_Overall_%_of_Total	Text(255)
HBIPS-7_Overall_Num	Text(255)
HBIPS-7_Overall_Den	Text(255)
HBIPS-7_Overall_Footnote	Text(255)
HBIPS-7_1-12_%_of_Total	Text(255)
HBIPS-7_1-12_Num	Text(255)
HBIPS-7_1-12_Den	Text(255)
HBIPS-7_1-12_Footnote	Text(255)
HBIPS-7_13-17_%_of_Total	Text(255)
HBIPS-7_13-17_Num	Text(255)
HBIPS-7_13-17_Den	Text(255)
HBIPS-7_13-17_Footnote	Text(255)
HBIPS-7_18-64_%_of_Total	Text(255)
HBIPS-7_18-64_Num	Text(255)
HBIPS-7_18-64_Den	Text(255)
HBIPS-7_18-64_Footnote	Text(255)
HBIPS-7_65_Over_%_of_Total	Text(255)
HBIPS-7_65_Over_Num	Text(255)
HBIPS-7_65_Over_Den	Text(255)
HBIPS-7_65_Over_Footnote	Text(255)
Start_Date	Text(255)
End_Date	Text(255)

Table Name	Revised CSV Flat File /Access	
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results.	
Column Name	DDB Data Type	
N_HBIPS-2_Measure_Description	Text(255)	
N_HBIPS-2_Overall_Rate_Per_1000	Text(255)	
N_HBIPS-2_Overall_Num	Text(255)	
N_HBIPS-2_Overall_Den	Text(255)	
N_HBIPS-2_1-12_Rate_Per_1000	Text(255)	
N_HBIPS-2_1-12_Num	Text(255)	
N_HBIPS-2_1-12_Den	Text(255)	
N_HBIPS-2_13-17_Rate_Per_1000	Text(255)	
N_HBIPS-2_13-17_Num	Text(255)	
N_HBIPS-2_13-17_Den	Text(255)	
N_HBIPS-2_18-64_Rate_Per_1000	Text(255)	
N_HBIPS-2_18-64_Num	Text(255)	
N_HBIPS-2_18-64_Den	Text(255)	
N_HBIPS-2_65_Over_Rate_Per_1000	Text(255)	
N_HBIPS-2_65_Over_Num	Text(255)	
N_HBIPS-2_65_Over_Den	Text(255)	
N_HBIPS-3_Measure_Description	Text(255)	
N_HBIPS-3_Overall_Rate_Per_1000	Text(255)	
N_HBIPS-3_Overall_Num	Text(255)	
N_HBIPS-3_Overall_Den	Text(255)	
N_HBIPS-3_1-12_Rate_Per_1000	Text(255)	
N_HBIPS-3_1-12_Num	Text(255)	
N_HBIPS-3_1-12_Den	Text(255)	
N_HBIPS-3_13-17_Rate_Per_1000	Text(255)	
N_HBIPS-3_13-17_Num	Text(255)	
N_HBIPS-3_13-17_Den	Text(255)	
N_HBIPS-3_18-64_Rate_Per_1000	Text(255)	
N_HBIPS-3_18-64_Num	Text(255)	
N_HBIPS-3_18-64_Den	Text(255)	
N_HBIPS-3_65_Over_Rate_Per_1000	Text(255)	
N_HBIPS-3_65_Over_Num	Text(255)	
N_HBIPS-3_65_Over_Den	Text(255)	
N_HBIPS-4_Measure_Description	Text(255)	
N_HBIPS-4_Overall_%_of_Total	Text(255)	
N_HBIPS-4_Overall_Num	Text(255)	
N_HBIPS-4_Overall_Den	Text(255)	
N_HBIPS-4_1-12_%_of_Total	Text(255)	
N_HBIPS-4_1-12_Num	Text(255)	
N_HBIPS-4_1-12_Den	Text(255)	
N_HBIPS-4_13-17_%_of_Total	Text(255)	
N_HBIPS-4_13-17_Num	Text(255)	
N_HBIPS-4_13-17_Den	Text(255)	
N_HBIPS-4_18-64_%_of_Total	Text(255)	
N_HBIPS-4_18-64_Num	Text(255)	
N_HBIPS-4_18-64_Den	Text(255)	
N_HBIPS-4_65_Over_%_of_Total	Text(255)	
N_HBIPS-4_65_Over_Num	Text(255)	
N_HBIPS-4_65_Over_Den	Text(255)	

Table Name	Revised CSV Flat File /Access	
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL	
Description	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results.	
Column Name	DDB Data Type	
N_HBIPS-5_Measure_Description	Text(255)	
N_HBIPS-5_Overall_%_of_Total	Text(255)	
N_HBIPS-5_Overall_Num	Text(255)	
N_HBIPS-5_Overall_Den	Text(255)	
N_HBIPS-5_1-12_%_of_Total	Text(255)	
N_HBIPS-5_1-12_Num	Text(255)	
N_HBIPS-5_1-12_Den	Text(255)	
N_HBIPS-5_13-17_%_of_Total	Text(255)	
N_HBIPS-5_13-17_Num	Text(255)	
N_HBIPS-5_13-17_Den	Text(255)	
N_HBIPS-5_18-64_%_of_Total	Text(255)	
N_HBIPS-5_18-64_Num	Text(255)	
N_HBIPS-5_18-64_Den	Text(255)	
N_HBIPS-5_65_Over_%_of_Total	Text(255)	
N_HBIPS-5_65_Over_Num	Text(255)	
N_HBIPS-5_65_Over_Den	Text(255)	
N_HBIPS-6_Measure_Description	Text(255)	
N_HBIPS-6_Overall_%_of_Total	Text(255)	
N_HBIPS-6_Overall_Num	Text(255)	
N_HBIPS-6_Overall_Den	Text(255)	
N_HBIPS-6_1-12_%_of_Total	Text(255)	
N_HBIPS-6_1-12_Num	Text(255)	
N_HBIPS-6_1-12_Den	Text(255)	
N_HBIPS-6_13-17_%_of_Total	Text(255)	
N_HBIPS-6_13-17_Num	Text(255)	
N_HBIPS-6_13-17_Den	Text(255)	
N_HBIPS-6_18-64_%_of_Total	Text(255)	
N_HBIPS-6_18-64_Num	Text(255)	
N_HBIPS-6_18-64_Den	Text(255)	
N_HBIPS-6_65_Over_%_of_Total	Text(255)	
N_HBIPS-6_65_Over_Num	Text(255)	
N_HBIPS-6_65_Over_Den	Text(255)	
N_HBIPS-7_Measure_Description	Text(255)	
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N_HBIPS-7_Overall_Num	Text(255)	
N_HBIPS-7_Overall_Den	Text(255)	
N_HBIPS-7_1-12_%_of_Total	Text(255)	
N_HBIPS-7_1-12_Num	Text(255)	
N_HBIPS-7_1-12_Den	Text(255)	
N_HBIPS-7_13-17_%_of_Total	Text(255)	
N_HBIPS-7_13-17_Num	Text(255)	
N_HBIPS-7_13-17_Den	Text(255)	
N_HBIPS-7_18-64_%_of_Total	Text(255)	
N_HBIPS-7_18-64_Num	Text(255)	
N_HBIPS-7_18-64_Den	Text(255)	
N_HBIPS-7_65_Over_%_of_Total	Text(255)	
N_HBIPS-7_65_Over_Num	Text(255)	
N_HBIPS-7_65_Over_Den	Text(255)	

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File /Access</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_NATIONAL
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures national-level results.
<b>Column Name</b>	<b>DDB Data Type</b>
Start_Date	Text(255)
End_Date	Text(255)

<b>Table Name</b> ( <a href="#">Back to Table Listing</a> )	<b>Revised CSV Flat File/Access</b>
	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results.
<b>Column Name</b>	<b>DDB Data Type</b>
State	Text(255)
S_HBIPS-2_Measure_Description	Text(255)
S_HBIPS-2_Overall_Rate_Per_1000	Text(255)
S_HBIPS-2_Overall_Num	Text(255)
S_HBIPS-2_Overall_Den	Text(255)
S_HBIPS-2_1-12_Rate_Per_1000	Text(255)
S_HBIPS-2_1-12_Num	Text(255)
S_HBIPS-2_1-12_Den	Text(255)
S_HBIPS-2_13-17_Rate_Per_1000	Text(255)
S_HBIPS-2_13-17_Num	Text(255)
S_HBIPS-2_13-17_Den	Text(255)
S_HBIPS-2_18-64_Rate_Per_1000	Text(255)
S_HBIPS-2_18-64_Num	Text(255)
S_HBIPS-2_18-64_Den	Text(255)
S_HBIPS-2_65_Over_Rate_Per_1000	Text(255)
S_HBIPS-2_65_Over_Num	Text(255)
S_HBIPS-2_65_Over_Den	Text(255)
S_HBIPS-3_Measure_Description	Text(255)
S_HBIPS-3_Overall_Rate_Per_1000	Text(255)
S_HBIPS-3_Overall_Num	Text(255)
S_HBIPS-3_Overall_Den	Text(255)
S_HBIPS-3_1-12_Rate_Per_1000	Text(255)
S_HBIPS-3_1-12_Num	Text(255)
S_HBIPS-3_1-12_Den	Text(255)
S_HBIPS-3_13-17_Rate_Per_1000	Text(255)
S_HBIPS-3_13-17_Num	Text(255)
S_HBIPS-3_13-17_Den	Text(255)
S_HBIPS-3_18-64_Rate_Per_1000	Text(255)
S_HBIPS-3_18-64_Num	Text(255)
S_HBIPS-3_18-64_Den	Text(255)
S_HBIPS-3_65_Over_Rate_Per_1000	Text(255)
S_HBIPS-3_65_Over_Num	Text(255)
S_HBIPS-3_65_Over_Den	Text(255)
S_HBIPS-4_Measure_Description	Text(255)
S_HBIPS-4_Overall_%_of_Total	Text(255)
S_HBIPS-4_Overall_Num	Text(255)
S_HBIPS-4_Overall_Den	Text(255)
S_HBIPS-4_1-12_%_of_Total	Text(255)
S_HBIPS-4_1-12_Num	Text(255)
S_HBIPS-4_1-12_Den	Text(255)
S_HBIPS-4_13-17_%_of_Total	Text(255)

Table Name	Revised CSV Flat File/Access
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE
Description	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results.
Column Name	DDB Data Type
S_HBIPS-4_13-17_Num	Text(255)
S_HBIPS-4_13-17_Den	Text(255)
S_HBIPS-4_18-64_%_of_Total	Text(255)
S_HBIPS-4_18-64_Num	Text(255)
S_HBIPS-4_18-64_Den	Text(255)
S_HBIPS-4_65_Over_%_of_Total	Text(255)
S_HBIPS-4_65_Over_Num	Text(255)
S_HBIPS-4_65_Over_Den	Text(255)
S_HBIPS-5_Measure_Description	Text(255)
S_HBIPS-5_%_of_Total	Text(255)
S_HBIPS-5_Overall_Num	Text(255)
S_HBIPS-5_Overall_Den	Text(255)
S_HBIPS-5_1-12_%_of_Total	Text(255)
S_HBIPS-5_1-12_Num	Text(255)
S_HBIPS-5_1-12_Den	Text(255)
S_HBIPS-5_13-17_%_of_Total	Text(255)
S_HBIPS-5_13-17_Num	Text(255)
S_HBIPS-5_13-17_Den	Text(255)
S_HBIPS-5_18-64_%_of_Total	Text(255)
S_HBIPS-5_18-64_Num	Text(255)
S_HBIPS-5_18-64_Den	Text(255)
S_HBIPS-5_65_%_of_Total	Text(255)
S_HBIPS-5_65_Over_Num	Text(255)
S_HBIPS-5_65_Over_Den	Text(255)
S_HBIPS-6_Measure_Description	Text(255)
S_HBIPS-6_%_of_Total	Text(255)
S_HBIPS-6_Overall_Num	Text(255)
S_HBIPS-6_Overall_Den	Text(255)
S_HBIPS-6_1-12_%_of_Total	Text(255)
S_HBIPS-6_1-12_Num	Text(255)
S_HBIPS-6_1-12_Den	Text(255)
S_HBIPS-6_13-17_%_of_Total	Text(255)
S_HBIPS-6_13-17_Num	Text(255)
S_HBIPS-6_13-17_Den	Text(255)
S_HBIPS-6_18-64_%_of_Total	Text(255)
S_HBIPS-6_18-64_Num	Text(255)
S_HBIPS-6_18-64_Den	Text(255)
S_HBIPS-6_65_%_of_Total	Text(255)
S_HBIPS-6_65_Over_Num	Text(255)
S_HBIPS-6_65_Over_Den	Text(255)
S_HBIPS-7_Measure_Description	Text(255)
S_HBIPS-7_Overall_%_of_Total	Text(255)
S_HBIPS-7_Overall_Num	Text(255)
S_HBIPS-7_Overall_Den	Text(255)
S_HBIPS-7_1-12_%_of_Total	Text(255)
S_HBIPS-7_1-12_Num	Text(255)
S_HBIPS-7_1-12_Den	Text(255)
S_HBIPS-7_13-17_%_of_Total	Text(255)

<b>Table Name</b>	<b>Revised CSV Flat File/Access</b>	
<a href="#">(Back to Table Listing)</a>	HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_STATE	
<b>Description</b>	Inpatient Psychiatric Facility Quality Reporting Program measures state-level results.	
<b>Column Name</b>	<b>DDB Data Type</b>	
S_HBIPS-7_13-17_Num	Text(255)	
S_HBIPS-7_13-17_Den	Text(255)	
S_HBIPS-7_18-64_%_of_Total	Text(255)	
S_HBIPS-7_18-64_Num	Text(255)	
S_HBIPS-7_18-64_Den	Text(255)	
S_HBIPS-7_65_%_of_Total	Text(255)	
S_HBIPS-7_65_Over_Num	Text(255)	
S_HBIPS-7_65_Over_Den	Text(255)	
Start_Date	Text(255)	
End_Date	Text(255)	

## Appendix A – Hospital Compare Measures

The tables below display the location of measures within the corresponding Access table and CSV Revised File.<sup>2</sup>

Access	dbo_vwHQI_HOSP_HCAHPS_MSR
CSV	HCAHPS Measures
Measure ID	Measure Name
HCAHPS	Patients who reported that their nurses "Always" communicated well
	Patients who reported that their doctors "Always" communicated well
	Patients who reported that they "Always" received help as soon as they wanted
	Patients who reported that their pain was "Always" well controlled
	Patients who reported that staff "Always" explained about medicines before giving it to them
	Patients who reported that their room and bathroom were "Always" clean
	Patients who reported that the area around their room was "Always" quiet at night
	Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home
	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
	Patients who reported YES, they would definitely recommend the hospital

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Heart Failure
Measure ID	Measure Name
HF-1	Heart failure patients given discharge Instructions
HF-2	Heart failure patients given an evaluation of left ventricular systolic (LVS) function
HF-3	Heart failure patients given ACE inhibitor or ARB for left ventricular systolic dysfunction (LVSD)

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Pregnancy and Delivery Care
Measure ID	Measure Name
PC-01	Percent of newborns whose deliveries were scheduled too early (1-3 weeks early), when a scheduled delivery was not medically necessary

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Pneumonia
Measure ID	Measure Name
PN-3b	Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics
PN-6	Pneumonia patients given the most appropriate initial antibiotic(s)

Access	dbo_vwHQI_HOSP_IMM
CSV	Immunization
Measure ID	Measure Name
IMM-1a	Patients assessed and given pneumonia vaccination
IMM-2	Patients assessed and given influenza vaccination

<sup>2</sup> Please note the Revised CSV Flat File names should mirror Data.Medicare.gov.

<b>Access</b>	<b>vwHQI_HOSP_SPP</b>
<b>CSV</b>	<b>Medicare Spending Per Patient</b>
<b>Measure ID</b>	<b>Measure Name</b>
Medicare Payment	Medicare Spending per Beneficiary (Spending per hospital patient with Medicare)

<b>Access</b>	<b>dbo_vwHQI_HOSP_MSR_XWLK</b>
<b>CSV</b>	<b>Process of Care Measures - SCIP</b>
<b>Measure ID</b>	<b>Measure Name</b>
OP-6	Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery
OP-7	Outpatients having surgery who got the right kind of antibiotic
SCIP-Card-2	Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery
SCIP-Inf-1a	Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection
SCIP-Inf-2a	Surgery patients who were given the right kind of antibiotic to help prevent infection
SCIP-Inf-3a	Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)
SCIP-Inf-4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery
SCIP-Inf-9	Surgery patients whose urinary catheters were removed on the first or second day after surgery
SCIP-Inf-10	Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery
SCIP-VTE-2	Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery

<b>Access</b>	<b>dbo_vwHQI_HOSP_ED</b>
<b>CSV</b>	<b>Emergency Department Throughput</b>
<b>Measure ID</b>	<b>Measure Name</b>
ED-1b	Average time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
ED-2b	Average time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room
OP-18b	Average time patients spent in the emergency department before being sent home
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare professional
OP-21	Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication.
OP-22	Percentage of patients who left the emergency department before being seen
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

<b>Access</b>	<b>dbo_vwHQI_HOSP_MSR_XWLK</b>
<b>CSV</b>	<b>Process of Care Measures - Children</b>
<b>Measure ID</b>	<b>Measure Name</b>
CAC-1	Children who received reliever medication while hospitalized for asthma
CAC-2	Children who received systemic corticosteroid medication (oral and iv medication that reduces inflammation and controls symptoms) while hospitalized for asthma
CAC-3	Children and their caregivers who received a home management plan of care document while hospitalized for asthma

<b>Access</b>	<b>dbo_vwHQI_HOSP_MPV_MSR</b>
<b>CSV</b>	<b>Medicare Volume Measures</b>
<b>Measure ID</b>	<b>Measure Name</b>
MV	Number of Medicare patients treated for selected procedures
OP-26	Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures

<b>Access</b>	<b>vwHQI_HOSP_AHRQ</b>
<b>CSV</b>	<b>Agency for Healthcare Research and Quality</b>
<b>Measure ID</b>	<b>Measure Name</b>
PSI-90	Serious complications (This is a 'composite' or summary measure)
PSI-4	Deaths among patients with serious treatable complications after surgery
PSI-6	Collapsed lung due to medical treatment
PSI-12	Serious blood clots after surgery
PSI-14	A wound that splits open after surgery on the abdomen or pelvis
PSI-15	Accidental cuts and tears from medical treatment

<b>Access</b>	<b>dbo_vwHQI_HOSP_STRUCTURAL_XWLK</b>
<b>CSV</b>	<b>Hospital Structural Measures</b>
<b>Measure ID</b>	<b>Measure Name</b>
ACS-REGISTRY	Participates in: Multispecialty surgical registry
SM-PART-CARD	Cardiac Surgery Registry
SM-PART-STROKE	Stroke Care Registry
SM-PART-NURSE	Nursing Care Registry
SM-PART-GEN-SURG	General Surgery Registry
OP-12	Able to receive lab results electronically
OP-17	Able to track patients' lab, tests, and referrals electronically between visits
OP-25	Safe Surgery Checklist Use

<b>Access</b>	<b>vwHQI_HOSP_HAI</b>
<b>CSV</b>	<b>Healthcare Associated Infections</b>
<b>Measure ID</b>	<b>Measure Name</b>
HAI-1	Central line- associated bloodstream infection (CLABSI)
HAI-2	Catheter- associated urinary tract infection (CAUTI)
HAI-3	Surgical site infections from colon surgery (SSI: Colon)
HAI-4	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)
HAI-5	Methicillin-resistant Staphylococcus Aureus (or MRSA) blood infections (Antibiotic-resistant blood infections)
HAI-6	Clostridium difficile (or C.diff.) infections (Intestinal infections)

<b>Access</b>	<b>dbo_vwHQI_HOSP_IMG_XWLK</b>
<b>CSV</b>	<b>Outpatient Imaging Efficiency Measures</b>
<b>Measure ID</b>	<b>Measure Name</b>
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy
OP-9	Outpatients who had a follow-up mammogram, ultrasound, or MRI of the breast within 45 days after a screening mammogram
OP-10	Outpatient CT scans of the abdomen that were "combination" (double) scans
OP-11	Outpatient CT scans of the chest that were "combination" (double) scans
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Heart Attack
Measure ID	Measure Name
OP-1	Median time to Fibrinolysis (Data will be not be posted on Hospital Compare but will be available on Data.Medicare.Gov)
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
OP-3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG
AMI-2	Heart attack patients given aspirin at discharge
AMI-7a	Heart attack patients given fibrinolytic medication within 30 minutes of arrival
AMI-8a	Heart attack patients given PCI within 90 minutes of arrival
AMI-10	Heart attack patients given a prescription for a statin at discharge

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Stroke Care
Measure ID	Measure Name
STK-1	Ischemic or hemorrhagic stroke patients who received treatment to keep blood clots from forming anywhere in the body within 2 days of arriving at the hospital
STK-2	Ischemic stroke patients who received a prescription for medicine known to prevent complications caused by blood clots before discharge
STK-3	Ischemic stroke patients with a type of irregular heartbeat who were given a prescription for a blood thinner at discharge
STK-4	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
STK-5	Ischemic stroke patients who received medicine known to prevent complications caused by blood clots within 2 days of arriving at the hospital
STK-6	Ischemic stroke patients needing medicine to lower cholesterol, who were given a prescription for this medicine before discharge
STK-8	Ischemic or hemorrhagic stroke patients or caregivers who received written educational materials about stroke care and prevention during the hospital stay
STK-10	Ischemic or hemorrhagic stroke patients who were evaluated for rehabilitation services

Access	dbo_vwHQI_HOSP_MSR_XWLK
CSV	Process of Care Measures - Blood Clot Prevention and Treatment
Measure ID	Measure Name
VTE-1	Patients who got treatment to prevent blood clots on the day of or day after hospital admission or surgery
VTE-2	Patients who got treatment to prevent blood clots on the day of or day after being admitted to the intensive care unit (ICU)
VTE-3	Patients with blood clots who got the recommended treatment, which includes using two different blood thinner medicines at the same time
VTE-4	Patients with blood clots who were treated with an intravenous blood thinner, and then were checked to determine if the blood thinner was putting the patient at an increased risk of bleeding
VTE-5	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
VTE-6	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

<b>Access</b>	<b>HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL</b>
<b>CSV</b>	<b>HOSPITAL_QUARTERLY_QUALITYMEASURE_IPFQR_HOSPITAL</b>
<b>Measure ID</b>	<b>Measure Name</b>
HBIPS-2	Hours of Physical-Restraint Use
HBIPS-3	Hours of Seclusion
HBIPS-4	Patients Discharged on Multiple Antipsychotic Medications
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
HBIPS-6	Post-Discharge Continuing Care Plan Created
HBIPS-7	Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

<b>Access</b>	<b>dbo_vwHQI_HOSP_MORTALITY_READM_XWLK</b>
<b>CSV</b>	<b>Outcome Of Care Measures</b>
<b>Measure ID</b>	<b>Measure Name</b>
READM-30-AMI	30-day rate of readmission for heart attack discharges
MORT-30-AMI	30-day death rate for heart attack discharges
READM-30-HF	30-day rate of readmission for heart failure discharges
MORT-30-HF	30-day death rate for heart failure discharges
READM-30-PN	30-day rate of readmission for pneumonia discharges
MORT-30-PN	30-day death rate for pneumonia discharges
READM-30-HIP-KNEE	Rate of readmission for hip and knee replacement discharges
READM-30-HOSPWIDE	Rate of readmission after discharge from hospital
COMP-HIP-KNEE	Rate of complications for hip and knee replacement discharges

## Appendix B – HCAHPS Survey Question Listing

### Composite Topics

- Your Care From Nurses (Questions 1, 2, 3,4)
- Your Care From Doctors (Questions 5, 6, 7)
- Your Experiences In This Hospital (Questions 10, 11, 12, 13, 14, 15, 16, 17)
- When You Left The Hospital (Questions 18, 19, 20)

### Individual Topics

- The Hospital Environment (Questions 8, 9)

### Overall Ratings

- Overall Rating Of Hospital (Questions 21, 22)
- Understanding Your Care When You Left The Hospital (Questions 23, 24, 25)
- About You (Questions 26, 27, 28, 29, 30, 31, 32)

#	Question
Q1	During this hospital stay how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay how often did nurses listen carefully to you?
Q3	During this hospital stay how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
Q10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Q12	During this hospital stay, did you need medicine for pain?
Q13	During this hospital stay, how often was your pain well controlled?
Q14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
Q15	During this hospital stay, were you given any medicine that you had not taken before?
Q16	Before giving you any new medicine how often did hospital staff tell you what the medicine was for?
Q17	Before giving you any new medicine how often did hospital staff describe possible side effects in a way you could understand?
Q18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
Q19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
Q20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
Q21	Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
Q22	Would you recommend this hospital to your friends and family?
Q23	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left?
Q24	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
Q25	When I left the hospital, I clearly understood the purpose for taking each of my medications.
Q26	During this hospital stay, were you admitted to this hospital through the Emergency Room?

#	Question
Q27	In general, how would you rate your overall health?
Q28	In general, how would you rate your overall mental or emotional health?
Q29	What is the highest grade or level of school that you have completed?
Q30	Are you of Spanish, Hispanic or Latino origin or descent?
Q31	What is your race? Please choose one or more.
Q32	What language do you mainly speak at home?

## Appendix C – Footnote Crosswalk

The footnote numbers below are associated with the Hospital Compare quality measures

Hospital Compare Footnote Values		
#	Text	Definition
1	The number of cases/patients is too few to report.	This footnote is applied: <ul style="list-style-type: none"> <li>When the number of cases/patients does not meet the required minimum amount for public reporting;</li> <li>When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or</li> <li>To protect personal health information.</li> </ul>
2	Data submitted were based on a sample of cases/patients.	This footnote indicates that a hospital chose to submit data for a random sample of its cases/patients while following specific rules for how to select the patients.
3	Results are based on a shorter time period than required.	This footnote indicates that the hospital's results were based on data from less than the maximum possible time period generally used to collect data for a measure. View the <a href="#">Hospital Compare data collection periods</a> for more information.
4	Data suppressed by CMS for one or more quarters.	The results for these measures were excluded for various reasons, such as data inaccuracies.
5	Results are not available for this reporting period.	This footnote is applied when the hospital does not have data to report.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 100.
7	No cases met the criteria for this measure.	This footnote is applied when a hospital did not have any cases meet the inclusion criteria for a measure.
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	
9	No data are available from the state/territory for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>Too few hospitals in a state/territory had data available, or</li> <li>No data was reported for this state/territory.</li> </ul>
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.
11	There were discrepancies in the data collection process.	This footnote is applied when there have been deviations from data collection protocols. CMS is working to correct this situation.
12	This measure does not apply to this hospital for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>There were zero device days or procedures,</li> <li>The hospital does not have ICU locations,</li> <li>The hospital is a new member of the registry and didn't have an opportunity to submit any cases, or</li> <li>The hospital does not report this voluntary measure</li> </ul>
13	Results cannot be calculated for this reporting period.	This footnote is applied when: <ul style="list-style-type: none"> <li>The number of predicted infections is less than 1.</li> <li>The number of observed MRSA or Clostridium difficile infections present on admission (community-onset prevalence) was above a pre-determined cut-point</li> </ul>

Hospital Compare Footnote Values		
#	Text	Definition
14	The results for this state are combined with nearby states to protect confidentiality.	This footnote is applied when a state has fewer than 10 hospitals in order to protect confidentiality. Results are combined as follows: (1) the District of Columbia and Delaware are combined; (2) Alaska and Washington are combined; (3) North Dakota and South Dakota are combined; and (4) New Hampshire and Vermont are combined. Hospitals located in Maryland and U.S. territories are excluded from the measure calculation.